



**TTII**

**TRINIDAD AND TOBAGO INSURANCE INSTITUTE**

46-50 PICTON STREET, NEWTOWN, PORT OF SPAIN, TRINIDAD, WEST INDIES (P.O.BOX 311)  
TEL: 1 (868) 628-5457, 1 (868) 628-2969, 1 (868) 628-1663 FAX: 1 (868) 622-4205; E-MAIL: [mail@ttii.org.tt](mailto:mail@ttii.org.tt)

**REQUEST FOR COPY OF EXAMINATION RESULTS FORM**

**APPLICANT'S PERSONAL INFORMATION**

DATE: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_

TITLE: Mr. Mrs. Miss

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_ ID Number: \_\_\_\_\_  
(DP, National ID or Passport)

TEL CONTACT: OFFICE \_\_\_\_\_ Ext \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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COPY OF EXAMINATION RESULTS: PURPOSE:  Personal Copy  CBTT

FOR:  Salesman  Agent  Broker

EXAMINATION COMPLETED:

LONG TERM INSURANCE M\_\_\_\_/D\_\_\_\_Y\_\_\_\_

GENERAL INSURANCE M\_\_\_\_/D\_\_\_\_Y\_\_\_\_

MOTOR INSURANCE CLAIMS INVESTIGATION & ADJUSTING M\_\_\_\_/D\_\_\_\_Y\_\_\_\_

OTHER (STATE): \_\_\_\_\_

COMPANY ATTACHED TO WHEN EXAM WAS COMPLETED: \_\_\_\_\_

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**IMPORTANT!**

- Copy of Government issued identification required for completion of search.
- \$300 payable in advance by debit (linx)/credit card. CASH IS NOT ACCEPTED AT TTII's office.
- Process takes approximately ten working days.

**APPLICANT'S SIGNATURE**

<p><b>{TTII ACCOUNTS USE ONLY}</b></p> <p>Receipt No. _____</p> <p>Date: ____/____/____</p> <p>Signature: _____</p>	<p><b>{TTII ADMIN USE ONLY}</b></p> <p>Entered by: _____</p> <p>Checked by: _____</p>
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